



**STATE BOARD OF EXAMINERS FOR  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

**Mailing address - documentation only**  
1100 West 49th Street  
Austin, Texas 78756-3183  
Phone: (512) 834-6627  
Fax: (512) 834-6786  
E-mail: [speech@tdh.state.tx.us](mailto:speech@tdh.state.tx.us)

**Physical Address**  
Mail not delivered to this address  
8407 Wall Street, S-420  
Austin, Texas 78754

**Mailing address - documentation  
accompanied by a fee (include budget  
and fund as noted above)**  
P.O. Box 12197  
Capitol Station  
Austin, Texas 78711-2197

**INACTIVE STATUS REQUEST FORM**

If you wish to request inactive status of your license as defined in Board Rules §741.163, this form must be completed and returned to the Board office with the \$41.00 fee prior to expiration of the license. However, if you are licensed in speech-language pathology and audiology, and wish both licenses to be placed in the inactive status, you must submit \$41.00 for each license (*total \$82.00*).

I have read §741.163 of the Board Rules and wish to request inactive status for my license #\_\_\_\_\_ which will expire \_\_\_\_\_. While in this status, I understand that I cannot practice my profession in the State of Texas as a/an (Circle appropriate license):

Speech-Language Pathologist

Audiologist

Assistant Speech-Language Pathologist

Assistant Audiologist

Intern in Speech-Language Pathologist

Intern in Audiologist

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, state and zip)

\_\_\_\_\_  
(Date)

Mail the form and fee to the Comptroller of Public Accounts-Treasury Operations at:  
State Board of Examiners for Speech-Language Pathology and Audiology  
Texas Department of Health  
P.O. Box 12197 Capitol Station  
Austin, Texas 78711-2197